

## GRAZING PERMIT for a BEEF BREEDING HERD

This agreement is for one pasture grazing season, for the cattle, duration, and premises described. Permits are issued on a case-by-case basis. Requests should be submitted to the ISDA, Animal Industry Division **at least 15 days before** the move.

A copy of the approved permit will be sent to the applicant.

Requested by:		Phone #:		Permit #:	
Return by: FAX <input type="checkbox"/> Mail <input type="checkbox"/> E-mail <input type="checkbox"/>		Fax #:		E-mail:	
<b>ORIGIN INFORMATION</b>					
Ranch name:				Premises ID #:	
Actual location:					
City:		County:		State:	Zip Code:
Directions or Lat/Long:					
Mailing address:					
City:		State:		Zip Code:	
Cattle owner:			Phone:		
Manager:			Phone:		
<b>DESTINATION INFORMATION</b>					
Ranch name:				Premises ID #:	
Actual location:					
City:		County:		State:	Zip Code:
Directions or Lat/Long (If address is unknown, a sufficient description is <u>required</u> ):					
Mailing address:					
City:		State:		Zip Code:	
Property owner:			Phone:		
Manager:			Phone:		
<b>HERD INFORMATION</b>					
Brand description:			Brand location:		
Second brand description:			Second brand location:		
Other identification:			# Working horses:		
Approximate date cattle leaving:			Approximate date of return:		
# Adult Females:		# Calves:	# Heifers:	# Bulls:	# Steers:
# years cattle moved to above destination:			Fences Intact and Maintained: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do cattle graze with other herds? Yes <input type="checkbox"/> No <input type="checkbox"/>			With Whom:		

# GRAZING PERMIT

HERD HEALTH INFORMATION		
Herd veterinarian:	Phone:	CVI #
Are all female cattle over 12 months of age brucellosis vaccinated? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Are cattle TB tested? Yes <input type="checkbox"/> No <input type="checkbox"/> Attach charts	Test date:	# Tested:
Has herd been infected with or exposed to trichomoniasis within last 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, all bulls will need to meet testing requirements of destination state.		
When was your entire bull herd last tested negative for Trichomoniasis? (Attach Chart)	Test date:	# Tested:
Other Disease:	Test date:	# Tested:
Additional Requirements:		

CONDITIONS of AGREEMENT
<p>I have <b><i>initialed</i></b> each of the statements below showing that I have read, understand and agree to the following:</p> <ol style="list-style-type: none"> <li>1. ___ Cattle are from a valid beef breeding herd, established more than six months, moving for grazing purposes without change of ownership.</li> <li>2. ___ There is to be no movement or diversion of cattle from the premises I have described.</li> <li>3. ___ I will account for all animals on this agreement.</li> <li>4. ___ This agreement is subject to change if the risk of disease changes.</li> <li>5. ___ Cattle must return to the state of origin within 6 months, unless approved by the State Administrator in advance.</li> <li>6. ___ All cattle have official identification.</li> <li>7. ___ No trader or recently assembled cattle are in the origin herd of the animals moving.</li> <li>8. ___ All female cattle over four (4) months of age entering or returning to Idaho are or will be officially brucellosis vaccinated and bear or will bear legible official brucellosis tattoos as evidence of the vaccination.</li> <li>9. ___ A certificate of veterinary inspection and a brand certificate, in addition to the valid permit, are required for all cattle within the 30 days prior to entering destination state.</li> <li>10. ___ Copies of the certificate of veterinary inspection, brand certificate and the grazing permit shall accompany each load or part of a shipment of cattle entering Idaho.</li> <li>11. ___ Failure to comply with the provisions of this agreement and/or any erroneous information provided may result in the revocation of this permit and/or loss of use of any future grazing permits.</li> </ol>

<b>Name of Herd Owner or Legal Representative:</b>	
Signature:	Date:
Comments:	

APPROVAL (FOR OFFICIAL USE ONLY)		
Name of State Official at Origin:		
Title:	Date:	
Name of State Official at Destination:		
Title:	Date:	
Issued by:	Date:	Permit #:

**A CERTIFICATE OF VETERINARY INSPECTION AND BRAND INSPECTION ARE REQUIRED PRIOR TO MOVEMENT**